

# ***GENERAL INFORMATION FOR ALL PHYSICAL THERAPY AND PHYSICAL THERAPIST ASSISTANT APPLICANTS***

Submit all applications for licensure in typewritten form or clearly printed, answering each question on the application as accurately as possible.

Include with the application any additional required documentation and a check or money order in the appropriate fee amount made payable to the “**Health Professions Bureau**”.

## **State Fees Schedule:**

Application for PT Licensure/PTA Certification	\$100.00
Temporary Permit	\$ 50.00
Renewal of Licensure/Certification	\$100.00
Reinstatement (penalty fee for less than 3 years delinquent renewal)	\$ 50.00
Duplicate Wall Certificate	\$ 10.00
Letter of Verification of Licensure/Certification	\$ 10.00

## **Examination Fee:**

Cost of Examination	\$285.00
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**You may register for the examination on the Federation of State Boards of Physical Therapy's (FSBPT) website at <http://www.fsbpt.org>.**

- ***Your Social Security number is required by the Health Professions Bureau in accordance with IC 4-1-8-1. Disclosure is mandatory; this application cannot be processed without it. Failure to disclose your Social Security number will result in the denial of your application; fees are nonrefundable.***
- In accordance with 844 IAC 12-4-2, it is the responsibility of the applicant and/or certificate holder to notify the committee of any changes in name or address in writing within thirty- (30) days of the change. Failure to receive notification of renewal due to failure to notify the committee of a change of address or name shall not constitute an error on the part of the

committee, board, or bureau, nor shall it exonerate or otherwise excuse the certificate holder from renewing such certification.

- Applicants should allow two (2) to four (4) weeks for the processing and review of their application. It is illegal to practice as a Physical Therapist or Physical Therapist Assistant during this processing time until receiving license/certification approval from the committee.
- Applications will not be reviewed until the Committee office receives all the required documentation. If your file is incomplete due to missing documentation, you will be notified by mail regarding the status of your file two (2) to four (4) weeks after the Bureau receives your application. The status letter will list all documents outstanding from your file.
- In order to assist the staff in the processing of your certification, do not telephone regarding the approval/denial of your application. Do not have someone else call to obtain information on your behalf. Information regarding exam scores and/or denial of your application file will only be given to the applicant in written form. This information will not be given by telephone.
- Any notarized copy of an original document must include a statement from the notary that the notary has seen the original document.
- **All pending files (incomplete) shall be closed after six (6) months, at which time reapplication will be necessary.**

For further information regarding the Committee, including its meeting schedule, a listing of current Committee members, physical therapist and physical therapist assistant applications and the Laws and Rules relating to licensure/certification in the field of physical therapy, please visit the Committee's web site at <http://www.IN.gov/hpb/boards/ptc>.

## ***EXAMINATION CANDIDATES***

### **APPLICATION INSTRUCTIONS FOR PHYSICAL THERAPIST LICENSE AND PHYSICAL THERAPIST ASSISTANT CERTIFICATION**

Examination applicants must submit the following:

1. Completed application with \$100.00 application fee.

*Fee Information* – Examination candidates are responsible for three types of payment, which must be submitted before being permitted to sit for the examination:

- A. **HEALTH PROFESSIONS BUREAU: Physical therapist or physical therapist assistant graduates** must submit a fee of \$100 made payable to the Health Professions Bureau with your application.

**B. FEDERATION OF STATE BOARDS OF PHYSICAL THERAPY (FSBPT):** **Physical therapist or physical therapist assistant graduates** must submit an examination fee of \$285 to FSBPT. You need to visit the FSBPT website at <http://www.fsbpt.org/> to register for the examination and to choose your payment option.

**C. SYLVAN LEARNING CENTER - COMPUTERIZED TESTING:** **Physical therapist graduates** must submit \$65 to the testing center at the time of examination scheduling. **Physical therapist assistant graduates** must submit \$50 to the testing center at the time of examination scheduling.

2. Two (2) recent passport type photographs of the applicant, approximately two (2) inches by two (2) inches in size, signed in black ink along the bottom with each application.
3. An official (certified) transcript of grades from the school from which the physical therapist or physical therapist assistant obtained his or her degree that shows that the applicant has met all requirements for graduation. The transcript must have a statement that the degree has been conferred. Transcripts that are incomplete will not be accepted. Graduates of a foreign physical therapy program must submit notarized copies of their transcripts; an official translation needs to also be included if the transcript is not in English.
4. If you answered “yes” to any questions on page 2 of your application, explain fully, including all related details in a signed and notarized statement. Include the violation, location, date, and disposition.
5. A notarized copy of a marriage certificate or an official affidavit indicating any legal name change, if your name differs from that on any documents.
6. An original detail credentials evaluation is required of all graduates of foreign physical therapy programs. **The credentials evaluation must indicate that the degree received from the foreign program is equivalent to an approved educational program in physical therapy.** The credential evaluation must be specifically prepared for the State of Indiana by one of the three services listed below:

*Foreign Credentialing Commission on Physical Therapy (FCCPT)*  
511 Wythe Street  
Alexandria, Virginia 22314  
Phone: 703-684-8406  
Fax: 703-684-8715  
Fccpt@fccpt.org

*International Consultants of Delaware, Inc. (ICD)*  
109 Barksdale Professional Center  
Newark, Delaware 19711-3258  
Phone: 302-737-8715  
Fax: 302-737-8756  
Icd@icdel.com

*International Credentialing Associates, Inc. (ICA)*  
7245 Bryan Dairy Road  
Bryan Dairy Business Park II  
Largo, Florida 33777  
Phone: 727-549-8555  
Fax: 727-549-8554  
Info@icaworld.com

**Please Note:** Candidates must contact the credentialing evaluation services for application and fee information. Reports must be specifically prepared for the State of Indiana and must be sent directly to this office from the evaluation service. Any fees incurred for the evaluation are the responsibility of the candidate.

## **TEMPORARY PERMIT INFORMATION**

A person with a temporary permit may only practice physical therapy or act as a physical therapist assistant under the *direct supervision* of an Indiana licensed physical therapist who is responsible for the patient.

Examination applicants seeking a temporary permit must submit the following:

1. Appropriate application form
2. Appropriate fees of \$50.00 for the temporary permit, plus the initial application fee of \$100.00.
3. Two (2) recent passport type photographs of the applicant, approximately two (2) inches by two (2) inches in size, signed in black ink along the bottom with each application.
4. If you answered “yes” to any questions on page 2 of your application, explain fully, including all related details in a signed and notarized statement. Include the violation, location, date, and disposition.
5. An official (certified) transcript of grades from the school in which the physical therapist or physical therapist assistant obtained his or her degree that shows that the applicant has met all requirements for graduation. The transcript *must* have a statement that the degree has been conferred. Transcripts that are incomplete will not be accepted. Graduates of a foreign physical therapy program must submit notarized copies of their transcripts; an official translation needs to also be included if transcript is not in English.
6. The enclosed *Supervision Letter* must be completed in full by the supervising Indiana licensed physical therapist indicating he/she will be providing **direct supervision** to the applicant. Original signatures must be on the form. No letter or other form will be acceptable. No faxed copies will be accepted.
7. An original detail credentials evaluation as indicated previously in the application instructions is required of all graduates of foreign physical therapy schools.

***A temporary permit shall expire on the earliest date that any one (1) of the following events occurs:***

1. The applicant becomes licensed or certified.
2. The application for licensure or certification is disapproved.
3. Ninety (90) days has passed since the issuance of the temporary permit.

## TESTING ACCOMMODATION REQUEST

If you have a disability that may require some accommodation in taking the examinations, please request a *Testing Accommodation Request Form* from the Health Professions Bureau by calling 317-234-2051 or by e-mailing [hpb6@hpb.state.in.us](mailto:hpb6@hpb.state.in.us). If you are hearing or speech impaired, you may utilize the Indiana Relay System by calling 1-800-743-3333.

## ***ENDORSEMENT CANDIDATES***

### **APPLICATION INSTRUCTIONS FOR PHYSICAL THERAPIST LICENSE AND PHYSICAL THERAPIST ASSISTANT CERTIFICATION**

Applications must have the following to be considered complete:

1. Completed application with \$100.00 application fee.
2. Two (2) recent passport type photographs of the applicant, approximately two (2) inches by two (2) inches in size, signed in black ink along the bottom with each application.
3. An official (certified) transcript of grades from the school from which the physical therapist or physical therapist assistant obtained his or her degree that shows that the applicant has met all requirements for graduation. The transcript must have a statement that the degree has been conferred. Transcripts that are incomplete will not be accepted. Graduates of a foreign physical therapy program must submit notarized copies of their transcripts; an official translation needs to also be included if the transcript is not in English.
4. A notarized copy of a marriage certificate or an official affidavit indicating any legal name change, if your name differs from that on any documents.
5. If you answered “yes” to any questions on page 2 of your application, explain fully, including all related details in a signed and notarized statement. Include the violation, location, date, and disposition.
6. Verification of state licensure must be completed by every state where you hold or have held a license or certification. This form needs to be submitted to the Indiana Physical Therapy Committee by the state in which you hold or have held a license or certification.
7. Official National Physical Therapy Exam score transfer report from the Federation of State Boards of Physical Therapy (FSBPT). Please visit their website at <http://www.fsbpt.org/> to have your exam scores transferred to the Indiana Physical Therapy Committee. Passing score on this exam is a converted score of seventy-five (75).

## TEMPORARY PERMIT INFORMATION

A person with a temporary permit may only practice physical therapy or act as a physical therapist assistant under the *direct supervision* of an Indiana licensed physical therapist who is responsible for the patient.

Endorsement applicants seeking a temporary permit must submit the following:

1. Appropriate application form
2. Appropriate fees of \$50.00 for the temporary permit, plus the initial application fee of \$100.00.
3. Two (2) recent passport type photographs of the applicant, approximately two (2) inches by two (2) inches in size, signed in black ink along the bottom with each application.
4. If you answered “yes” to any questions on page 2 of your application, explain fully, including all related details in a signed and notarized statement. Include the violation, location, date, and disposition.
5. A notarized copy of your current physical therapist or physical therapist assistant license/certification OR license verification from the state in which you are currently licensed.
6. The enclosed *Supervision Letter* must be completed in full by the supervising Indiana licensed physical therapist indicating he/she will be providing **direct supervision** to the applicant. Original signatures must be on the form. No faxed copies will be accepted. No letter or other form will be acceptable.

***A temporary permit shall expire on the earliest date that any one (1) of the following events occurs:***

1. The applicant becomes licensed or certified.
2. The application for licensure or certification is disapproved.
3. Ninety (90) days has passed since the issuance of the temporary permit.

# ***THE FAIR INFORMATION PRACTICE ACT***

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

## ***HEALTH PROFESSIONS BUREAU***

If you have questions concerning the application process, please call 317-234-2051, visit our website at <http://www.in.gov/hpb/boards/ptc/>, or e-mail at [hpb6@hpb.state.in.us](mailto:hpb6@hpb.state.in.us).

If you have any changes to the information you provided during the application process or after you are licensed (i.e. name change, address), be advised that it is *your* responsibility to update that information with the Health Professions Bureau. To update your name, you must submit proof of change (marriage certificate, legal name change court document, divorce decree) by mail or fax, 317-233-4236. To update your address, you may submit this information by mail, fax, or e-mail.